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# THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	COVELL	Examiner:	Hussein Akhavannik
Application No.:	09/520,964	Art Unit:	2621
Filed:	March 8, 2000	Docket No.:	INT1P891
Title:	THREE DIMENSIONAL OBJECT POSE ESTIMATION WHICH EMPLOYS DENSE DEPTH INFORMATION		

#### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

11-23, 2004. Vicki Lorist  
Vicki Lorist

#### AMENDMENT D – COMMUNICATION DATED AUGUST 23, 2004

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims remaining after Amendment		Highest previously paid for	Present Extra	Small Entity			Large Entity	
					Rate	Additional Fee		Rate	Additional Fee
Total Claims	21	Less	27		x \$9 = \$		OR	x \$18 = \$	0
Indep Claims	3	Less	4		x \$44 = \$		OR	x \$88 = \$	0
[ ]Multiple Dependent claim Present & Fee Not previously paid					x \$150= \$		OR	x \$300 = \$	
					TOTAL ADD'L FEE \$			TOTAL ADD'L FEE \$	0

Applicant(s) hereby petition for following extension of time in which to respond to the outstanding Office Action.

	SMALL ENTITY		LARGE ENTITY	
	Rate	Add'l Fee	Rate	Add'l Fee
<input type="checkbox"/> Extension for Response within FIRST month	x \$55 = \$		OR	x \$110 = \$
<input checked="" type="checkbox"/> Extension for Response within SECOND month	x \$215 = \$		OR	x \$430 = \$ 430
<input type="checkbox"/> Extension for Response within THIRD month	x \$490 = \$		OR	x \$980 = \$
<input type="checkbox"/> Extension for Response within FOURTH month	x \$765 = \$		OR	x \$1530 = \$
<input type="checkbox"/> Extension for Response within FIFTH month	x \$1040 = \$		OR	x \$2080 = \$

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- Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0685. (INT1P891 ).
- Enclosed is our Check No. 1488 in the amount of \$430.00 to cover the additional claim fee and/or extension of time fees.
- Enclosed is Applicant Initiated Interview Request Form, PTOL-413A.
- Enclosed are \_\_\_\_\_ sheets replacement drawings.
- Please charge Deposit Account No. 50-0685 ( INT1P891 ) in the amount of \$\_\_\_\_\_ to cover the additional claim fee and/or extension of time fees.
- If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 ( INT1P891 ).

Respectfully submitted,

Dated: 11-23-09

  
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